



TOWN OF DAVIE
MARCH 9, 2010
GENERAL INFORMATION SHEET

RCVD JAN 11 '10

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name TERRY SANTINI District: 2/3/4
Circle One
Residency Address 4001 SW 108 Terr DAVIE 33328
Have you resided at the above address six months or more? Yes ☒ No ☐
Mailing Address 4179 DAVIE Rd #200 DAVIE 33314
(if different from residency address)
Telephone: Home _____ Work 954-474-9000 Cell _____
E-Mail Address TERRY SANTINI @ BELLSOUTH, NET
Date of Birth 12/29/54
Occupation CPA
Spouse's Name DAVID OAKES
Campaign Treasurer TERRY SANTINI Telephone 954-474-9000 x4
Deputy Treasurer _____ Telephone _____

At time of qualifying, the following must be filed with the Town Clerk:

Form #	Title of Form
<input checked="" type="checkbox"/> DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/> DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/> DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/> CE Form 1	Statement of Financial Interests (for incumbents, a copy of the 2008 Form 1 filed July 1, 2009 is acceptable - F.S. 99.061(7)(a)6.)
<input checked="" type="checkbox"/> \$497.25 Filing Fee	Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the \$372.94 qualifying fee and the \$124.31 election assessment fee)
<input checked="" type="checkbox"/>	Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/>	Notice of Candidacy

RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

RCVD JAN 11 '10

1. CHECK APPROPRIATE BOX:

☒ Original Appointment Change in: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Terry Santini

3. Address (include post office box or street, city, state, zip code)

4001 SW 108 Terrace, Davie, FL 33328

4. Telephone (optional)

(954) 474-9000

5. E-mail address (optional)

terrrysantini@bellsouth.net

6. Office sought (include district, circuit, group number)

Davie Town Council, District 3

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Terry Santini

11. Mailing Address (If post office box or drawer, also include street address)

4179 Davie Road, Suite 200

12. Telephone

(954) 474-9000

13. City

Davie

14. County

Broward

15. State

FL

16. Zip Code

33314

17. E-mail address (optional)

terrrysantini@bellsouth.net

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Regent Bank

20. Street Address

2205 S. University Drive

21. City

Davie

22. County

Broward

23. State

FL

24. Zip Code

33324

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

01/11/09

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Terry Satini, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer ☒ Deputy Treasurer.

01/11/10

Date

X


Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

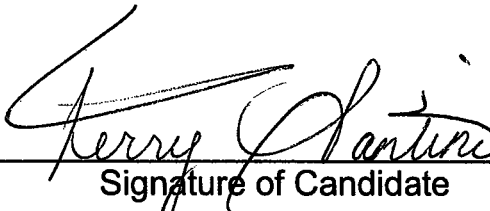
OFFICE USE ONLY

RCVD JAN 11 '10

I, Terry Santini,

candidate for the office of Davie Town Council, District 3;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X 
Signature of Candidate

01/11/10

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

NON-PARTISAN OFFICE

OFFICE USE ONLY

RCVD JAN 11 '10

STATE OF FLORIDA

COUNTY OF BROWARD

I,

Terry

First Name

Middle Name/Initial

Santini

Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I,

Terry Santini

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the non-partisan office of Davie Town Council, Three,
(office) (district)

 ; I am a qualified elector of Broward County County, Florida;
(circuit) (group)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; by executing this form, I have taken the oath required by ss. 876.05-876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Terry Santini (954) 474-9000
Signature of Candidate Telephone Number

terrysantini@bellsouth.net

Email Address

4001 SW 108 Terrace

Address

Davie

City

FL

State

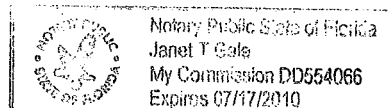
33328

ZIP Code

Sworn to (or affirmed) and subscribed before me this 11 day of January, 2010.

Personally Known: ☒ orProduced Identification: Type of Identification Produced:

Janet T. Gale
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public



FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Terry Santini

MAILING ADDRESS :

4179 Davie Road

Suite 200

CITY :

ZIP :

COUNTY :

Davie, FL 33314 Broward

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Davie Town Council, District 3

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

RCVD JAN 11 '10

ID Code

ID No.

Conf. Code

P. Req. Code

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2008

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Santini & Sedawie, CPA	4179 Davie Road, Suite 200, Davie, FL 33314	Certified public accounting practice
DAVIE PROF BLDG	" " "	R/E Income

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Residence: 4001 SW 108 Terrace, Davie, FL 33328	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.
Vacation home: Waynesville, NC	
Commercial Property Partnership: 4179 Davie Rd., Davie, FL	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks	Sharebuilder.com
Stocks and Cash	Merrill Lynch

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Wells Fargo Mortgage	Dallas, TX
Wells Fargo Mortgage	Dallas, TX
Bank Atlantic	Fort Lauderdale, FL

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Davie Professional Bldg Inc.	Santini & Sedawie, CPA, PA	
ADDRESS OF BUSINESS ENTITY	4179 Davie Road, Davie FL	4179 Davie Road	
PRINCIPAL BUSINESS ACTIVITY	Property Partnership	CPA firm	
POSITION HELD WITH ENTITY	25%	50%	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	Shareholder	Shareholder	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required): 1/10/2010

FILING INSTRUCTIONS:

WHAT TO FILE:
After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:
MULTIPLE FILING UNNECESSARY:
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:
If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:
Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

LOGIC AND ACCURACY TEST
ACKNOWLEDGEMENT

RCUD JAN 11 '10

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 9, 2010 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: March 3, 2010*

TIME: 2:00 p.m.

PLACE: Voting Equipment Center II
(entrance on the west side of the Lauderhill Mall)
1501 NW 40 Avenue
Lauderhill, Florida

1/11/10
Date

Terry Santoro
Candidate

James J. Gale
Witness

*tentative - should the date and time be amended, the candidate will be notified



TOWN OF DAVIE
MARCH 9, 2010
NOTICE OF CANDIDACY

RCVD JAN 11 '10

ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE
WILL BE PLACED ON THE TOWN'S WEBSITE

Candidate's Name TERRY SANTINI Date 1/11/2010
(name as it is to appear on ballot - please print)
Residency Address 4001 SW 108 TERRACE DAVIE 33328

The undersigned is qualified to be a member of the Town Council of the Town of Davie, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Davie.
2. Have you resided at the above address six months or more? Yes ☒ No ☐
3. I shall not, as a Councilmember, hold any other elected public office.
4. I am otherwise qualified to be Councilmember in the Town of Davie.
5. I have paid a \$497.25 filing fee to the Town Clerk (\$372.94 qualifying fee and \$124.31 election assessment) (check from campaign account made payable to the Town of Davie)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for District: 2 3 4
Circle One

Signature: Terry Santini

Print Name: TERRY SANTINI

Address: 4001 SW 108 Terr
DAVIE FL 33328

I hereby certify that this Notice of Candidacy form was filed with me on the 11 day of January 2010.

[Signature]
Town Clerk or Qualifying Officer

RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR
QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE
TOWN CLERK OR QUALIFYING OFFICER

STATEMENT OF ETHICAL CAMPAIGN PRACTICES
(Broward County Ordinance 2000-06)

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 11th of January, 2010.

WITNESSES:

Russell Murphy
Janet J. Dale

BY CANDIDATE:

Ferry Santini
Signature

Ferry SANTINI
(Print name)

STATEMENT OF ETHICAL
CAMPAIGN PRACTICES
PAGE 2

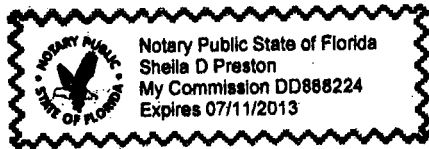
STATE OF FLORIDA)

) SS.

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 11th day of January,
2010, by Terry Santini, who is personally known to me or who has produced
_____ as identification and who did/did not take an oath.

Witness my hand and official seal, this 11th day of January, 2010.



Sheila D. Preston
Signature of person taking acknowledgment
[Public Notary, State of Florida]

Sheila D. PRESTON
Name of person taking acknowledgment
(typed, printed, or stamped)

My commission expires:



NAME: Terry Santini DATE: 1/11/00

ADDRESS: 4001 SW 10th Ave PHONE: (854) 424-2000

Davie, FL ZIP CODE: 33328

	NUMBER	AMOUNT	FINANCE USE ONLY
Occupational Licenses			
New Yr. ___1/2 Yr.			
Renewal			
Transfer			
Penalty			
Records Retrieval			
Miscellaneous			
Copies			
Code Book			
Land Dev. Code			
Description			
		\$497.25	
General Registration			
Day Camp Registration			
Athletic Registration			
Football			
Soccer			
Baseball			
Softball			
Special Events			
Pool Revenue			
Permits			
Concession Deposits			
Charge for Services			
Taxes			
Property			
Public Services			
Franchise			
Fines & Forfeitures			
Misc. Revenue			
TOTAL DUE		\$ 497.25	

Dist 3 Qualifying Fee
Electron Expense. OGI-0324-513-0309